

**BASKETBALL PLAYER REGISTRATION**

**MARSHFIELD COMMUNITY CENTER, 2012**

**CHILD'S NAME:** \_\_\_\_\_ **LEAGUE: K-6 or Jr. High**

**GRADE:** (circle one)      **K**    **1<sup>st</sup>**    **2<sup>nd</sup>**    **3<sup>rd</sup>**    **4<sup>th</sup>**    **5<sup>th</sup>**    **6<sup>th</sup>**    **7<sup>th</sup>**    **8<sup>th</sup>**

**CHILD'S DATE OF BIRTH:** \_\_\_\_\_

**GENDER:**    Male    or    Female

**MAILING ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS (if different from above):** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**HOME PHONE, CELL PHONES, ETC.** (contact # for coach to call; please include who coach should ask for when calling these numbers): \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

**EMPLOYER NAME & PHONE:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**EMPLOYER NAME & PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT (other than parent):** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_ **EMERGENCY CONTACT PHONE #'s :** \_\_\_\_\_

**COMMENTS: INCLUDING ANY HEALTH-RELATED PROBLEMS THAT THE COACHES SHOULD BE AWARE OF (such as asthma, bee stings, etc.)**  
\_\_\_\_\_  
\_\_\_\_\_

*I would like to volunteer to be a: (please check one & complete coaches form)*

**COACH**     **CO-COACH**     **ASSISTANT COACH**

**Coach name & Shirt Size:** \_\_\_\_\_

**T-SHIRT SIZE:** \_\_\_\_\_

**PLAYER SHIRT SIZE:**(circle one) **YOUTH:**    **SM** (6-8)    **MED** (10-12)    **LRG** (14-16)  
**ADULT:**    **SM**    **MED**    **LRG**    **XL**    **2XL**



## Marshfield Community Center **LEAGUE INFORMATION**

1. The operation of this league is under the direction of Marshfield Community Center Director and Supervisors whom will be responsible for scheduling league games, providing and assigning courts, officials, crowd control, and league organization.
2. All children must be currently in kindergarten through 8<sup>th</sup> grade.
3. Sessions will be 6 weeks in length, unless otherwise noted.
4. Player Fee: \$30.00 per child. **NO REFUNDS WILL BE ISSUED** after registration is complete.
5. Games will be played on Saturday mornings, and depending on the number of teams, may be scheduled into the afternoon.
6. All children must play within their age group
7. The child of a coach can be placed on his or her team, and siblings which fall into the same age bracket can also be placed on the same team. Once team rosters have been made, we will not move players to different teams.
8. Game times and Weather Cancellations can be checked on our Website at: [www.MarshfieldCommunityCenter.com](http://www.MarshfieldCommunityCenter.com)  
(Games will only be cancelled in the case of adverse weather, unplayable facilities, emergencies, or error on MCC behalf. If there is a question regarding adverse or inclement weather affecting scheduled game times contact your Coach first. You may also call Melanie or Lyndall Fraker @ 818-6070/ 838-2756.)
9. Coaches will contact players on dates and times of scheduled practices or cancellations.
10. Registration fee includes a team shirt for all players as needed.
11. League age groupings are subject to change depending on registration numbers.
12. Leagues and games will be scheduled with same gender players unless low registration numbers require co-ed teams.
13. Teams will be provided one practice hour each week no charge.
14. There is a suggested donation of \$1.00 min. at admission for those attending each game which helps with utilities and cleaning, donation box is located at concessions.

As additional consideration for the child listed below being allowed to participate in the Marshfield Community Center's Youth Basketball League, I, \_\_\_\_\_, as **parent/legal guardian** of this child, expressly agree that the Marshfield Community Center, its officials, volunteers and employees, shall not be liable for any damages arising from personal injuries sustained by the child listed below on or about the premises or as a result of the child using the facilities or equipment located upon said premises. I assume full responsibility for any such injuries or damages that may occur to the child listed below in, on or about the premises and further agree that the Marshfield Community Center, its officials, volunteers and employees, shall not be liable for loss or theft of personal property. I also specifically agree that the Marshfield Community Center, its officials, volunteers and employees, shall not be responsible for such injuries, damages, loss or theft even in the event of negligence by the Marshfield Community Center, its officials, volunteers or employees, whether such negligence is present at the signing of this instrument or takes place in the future. This waiver does not, however, apply to gross negligence or intentional torts by the Marshfield Community Center, its officials, volunteers or employees.

I have read and agree to the following enrollment policies as stated above.

Child's Name: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_